

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

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Office Use:	

Statement of Committee Organization

1.	Statement Information		. ,	
	Date: 52115	10.11.50		
	Type: New Amended (if amending, enter MEC ID	5 11 0 0 & section cl	hanged)	
2.		A		
	Committee to elect Howard	Horams	N49	
	2141 Cherry cove of Mary	land Heights Mo. 43	(314) 392-8334	
	Committee Malling Address City State 9. 7in	CHI DING County	Telephone Number Ward of Elections ioners	
	Official Committee Email Address	County Clerk or Board of Election Commiss	ioners	
	Committee Type: Campaign Candidate Continuing			
3.	Treasurer/Deputy Treasurer Information			
	From Sherman			
	2141 Cherrycove Ct, Maryland Heylte Mi	Treasurer's Email Address (optional)	, , mai in a	
	Treasurer's Mailing Address, City, State, & Zip /0 30 43	Tuesday - Home Telephone Number	Treasurer's Work Telephone Number	
	Howard Albrams			
	2141 Cherrycove ct. Mamain Hexit	Deputy Treasurer's Email Address (optional)) / \	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
4.	Additional Committee Information		,	
Additional Committee Officer's Name & Title (if any)		Additional Committee Officer's Mailing Address, City, State, & Zip		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on	back) V No	
5.	Official Bank Account Information (required by all committees)			
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٠.	Candidate supported or Opposed (candidate committees must	include self, if candidate)	eut a-(222)	
	Name & Mailing Address, City, State & Zip of Candidate Represents tive	Telephone Number (Candidate Committees	Only) Scar Deset	
_	April 5, 2016 District 70	Democrat	Support	
	Election Date 2-16 Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
!			Support or Oppose	
	Signature(s) Check certification(s) & sign (required by all comm	nittees)		
		nittees) d facts in this report are compl	ete, true, and accurate. I	
	Signature(s) Check certification(s) & sign (required by all community) affirm and attest under penalty of perjury that information an	nittees) d facts in this report are compl	ete, true, and accurate. I ishable under Ch. 575 RSMo.	